



2025 Legal Notices

This document, along with your other Seagate enrollment materials, contains information to help you make informed decisions about your health and welfare benefits. It also contains notices which Seagate is required to distribute to plan participants on a periodic basis.

This document contains information that constitutes a Summary of Material Modifications (SMM) to the Seagate Welfare Plan Summary Plan Description (SPD). It is meant to supplement and update the SPD. Please share this material with your covered family members.

If you have any questions after reading this document, please contact HR Central toll-free at (877) 844-3333.

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Summary Plan Descriptions

The Summary Plan Descriptions (SPDs) for Seagate's benefits programs provide important information about the plans, including employee and dependent eligibility requirements, what the plan covers, specific coverage exclusions, how and when to enroll or make changes to coverage, and options to continue coverage when eligibility for Seagate coverage ends.

The Summary Plan Descriptions are available in the online Seagate Global HR policies, accessible via my.seagate.com. To access the online Summary Plan Descriptions:

1. Log on to my.seagate.com.
2. On the my.seagate.com welcome page, click on the HR Services tab.
3. On the HR Services welcome page, click on HR Policies (on the bottom left side of screen).
4. On the Global HR Policies welcome page, click on the Benefits tab.
5. On the Benefits welcome page, select the link for the applicable benefit plan (for example, Healthcare).
6. On the welcome page for the appropriate benefit plan, be sure that United States is displayed in the drop-down menu (in the upper left side of the screen).

You may also request hard copy printouts of a Summary Plan Description by calling HR Central toll-free at (877) 844-3333.



Seagate Welfare Plan HIPAA Privacy Notice

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Seagate Welfare Plan and Seagate US LLC (“Seagate”) understand that medical information about you and your health is personal and are committed to protecting your health information. This notice describes our efforts to safeguard your Seagate Welfare Plan health information from improper use or disclosure.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information, known as protected health information, includes virtually all individually identifiable health information held by a plan – whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of the Plan’s self-funded health benefit programs:

- Medical HDHP and PPO
- Basic and Enhanced Dental Plans
- Basic and Enhanced Vision Plans
- Health Care Flexible Spending Accounts

The benefits programs covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These programs are collectively referred to as the “Plan” in this notice, unless specified otherwise.

The Plan’s duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan’s legal duties and privacy practices with respect to your health information. When the Plan uses or discloses your health information, it is required to follow the terms of this notice (as in effect at the time of the use or disclosure). The Plan must provide notice to affected individuals following a breach of unsecured protected health information. If you participate in an insured health benefits program option, you will receive a privacy notice directly from the insurer. It’s important to note that these rules apply to the Plan, not Seagate as an employer. If Seagate obtains your health information in another way – for example, if you provide medical records with your request for leave under the Family and Medical Leave Act or you are hurt in a work accident – then this notice does not apply, but Seagate will safeguard that information in accordance with other applicable laws and Seagate policies. Similarly, health information obtained by a non-health-related benefits program, such as long-term disability coverage, is not covered under this notice.

How the Plan may use or disclose your health information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for certain reasons. Primarily, the Plan will use your health information to process your claims for health benefits and for certain health care operations. It may share your health information with its third-party administrators and other Plan service providers, called business associates, to perform Plan functions. Certain Seagate employees may have access to your health information to administer the Plan and provide you with health benefits. These permitted uses and disclosures are described in more detail below.

Use or disclosure of your health information for treatment, payment, or health care operations purposes

The Plan may use your health information for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a health care provider and a third party, and consultation and referrals between providers. The Plan may use and disclose your health information to facilitate treatment or services by health care providers, including doctors, nurses, technicians, medical students, pharmacists or other hospital personnel who are involved in your care. *For*

example, the Plan may provide your health information to a pharmacist to determine if a pending prescription would interfere with other prescriptions.

- **Payment** includes activities by this Plan, other plans, or health care providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing; as well as “behind the scenes” plan functions such as risk adjustment, collection, or reinsurance. *For example, the Plan will use your health information in the course of processing your claims for Plan benefits. In addition, the Plan may share health information with a utilization review or pre-certification service provider. The Plan may also share medical information with another entity to assist with the adjudication or subrogation of health claims or with another health plan to coordinate benefit payments.*
- **Health care operations** include activities by this Plan (and in limited circumstances other plans or providers) such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting (although the Plan will not disclose genetic information for this purpose), premium rating, arranging for medical review and audit activities, and business planning and development. *For example, the Plan may submit your health information to external auditors or agencies to assess the quality of a health benefits program option. The Plan may also submit your health information to a stop-loss insurance carrier or to obtain pricing information.*

If the Plan uses or discloses your health information for underwriting purposes, the Plan will not use or disclose your genetic information for such purposes.

How the Plan may share your health information with Seagate

The Plan may disclose your health information without your written authorization to Seagate (including employees and other individuals under Seagate’s control who are responsible to carry out Seagate’s responsibilities to administer the Plan) for plan administration purposes. Seagate may need your health information to administer benefits under the Plan. For example, Seagate’s Benefits staff and members of the Benefits Administrative Committee may access your health information if there is a dispute involving your claim for benefits. Seagate will not use or disclose your Plan-related health information other than as permitted or required by the Plan documents and by law.

In addition, information may be shared between the Plan and Seagate for these limited purposes:

- The Plan may disclose “summary health information” to Seagate if requested, for purposes of obtaining premium bids to provide coverage under the Plan (although the Plan will not disclose genetic information for this purpose), or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants’ claims information, from which names and other identifying information have been removed.
- The Plan may disclose to Seagate information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option offered by the Plan. For example, Seagate may use information about your medical plan enrollment for payroll processing purposes.

In addition, you should know that Seagate cannot and will not use health information obtained from the Plan for any employment-related actions without your written authorization. However, health information collected by Seagate from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation is *not* protected under HIPAA (although this type of information may be protected under other federal or state laws).

Information may be used by or shared with Plan vendors

Information may be disclosed to third parties that provide services to the Plan, such as plan administration, claim processing, or audit services. Examples of these service providers include third party administrators, consultants, and insurance brokers. These entities must agree in writing to maintain the privacy of your health information.

Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. For example, the Plan may disclose your health information to your spouse or domestic partner if they call on your behalf to resolve a claim. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You’ll generally be given the chance to agree or object to these disclosures (although exceptions may be made – for example, if you’re not present or if you’re incapacitated).

The Plan also is allowed to use or disclose your health information without your written authorization as required by law and for the following activities:

Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosure about a death that may have resulted from criminal conduct; and disclosure to provide evidence of criminal conduct on the Plan's premises
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule

State law may further limit the permissible ways the Plan uses or discloses your health information. If an applicable state law imposes stricter restrictions, the Plan will comply with that state law.

Except as described in this notice, other uses and disclosures will be made only with your written authorization. In addition, certain uses and disclosures of your health information may only be made with your authorization, including most uses and disclosures of psychotherapy notes, and disclosures of your health information for marketing purposes or to sell your health information. You may revoke your authorization at any time by delivering a written revocation statement to the Seagate Privacy Officer. However, you can't revoke your authorization with respect to disclosures

the Plan has already made, and the Plan cannot retrieve any information disclosed to a third party based on your previous authorization. You will be notified of any unauthorized access, use or disclosure of your unsecured health information as required by law.

Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. Requests to exercise these rights, must be sent in writing to the applicable contacts listed in the Plan Privacy Contacts chart at the end of this section.

Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death – or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

While the Plan will consider all requests for additional restrictions, the Plan generally is not required to agree with your request. However, if you request a restriction on the *disclosure* of your health information to *another health plan*, the Plan is required to comply with your request if (1) the disclosure is being made for payment or health care operations reasons, and (2) the restricted information relates solely to a health care item or service provided by a health care provider who has been paid out-of-pocket in full (in other words, the Plan has not paid for any part of the item or service).

If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

Right to receive confidential communications of your health information

You have the right to request that the Plan communicate with you about health matters in a specific way or at a specific location. For example, you may request that the Plan only contact you at work or by mail at a different address. The Plan will try to accommodate any reasonable request. However, in certain situations, such as with respect to eligibility and enrollment information, the Plan is obliged to communicate directly with the employee rather than a dependent unless your request clearly states that disclosure of that information through the normal methods could endanger you.

If you want to exercise this right, your request to the Plan must be in writing. You will not be required to provide a reason for your request. However, you should include a statement that disclosure of all or part of the information by the usual means could endanger you if that is the case. Your request must specify how or where you would prefer to be contacted.

Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "designated record set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by the Plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request, the Plan will provide you with:

- the access or copies you requested;
- a written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or
- a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage.

If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

To the extent that your health information is maintained by the Plan in an electronic health record, you may request that the Plan provide a copy of your health information to you or to a person or entity designated by you in electronic format.

Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will:

- make the amendment as requested;
- provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or
- provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

Right to receive an accounting of disclosures of your health information

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an "accounting of disclosures." You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made:

- for treatment, payment, or health care operations (except to the extent required by law, if the Plan maintains your health information as an electronic health record);
- to you about your own health information;
- incidental to other permitted or required disclosures;
- in accordance with your written authorization;
- to family members or friends involved in your care (where disclosure is permitted without authorization);
- for national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances; or
- as part of a "limited data set" (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may

charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to Receive Notification

You are entitled to receive notification from the Plan if the confidentiality of any of your health information maintained in an unsecured form is compromised.

Personal representatives

You may exercise the rights described above through your personal representative who has authority under applicable state law to make health-related decisions on your behalf. Your personal representative will be required by the Plan to produce evidence of his or her authority to act on your behalf, such as a notarized power of attorney, a court order of appointment of the person as your legal guardian or conservator, or evidence that you are the parent of a minor child. The Plan may withhold your health information from your personal representative in certain limited circumstances.

Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this privacy notice upon request to HR Central. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

Plan Privacy Contacts

Health Benefits Program	Contact	Telephone Number	Address
Anthem HDHP Anthem PPO	Anthem Healthcare	(844) 451-2076	700 Broadway Denver, CO 80273
Anthem Dental	Anthem Dental	(844) 451-2076	P.O. Box 1115 Minneapolis, MN 55440-1115
VSP Vision Plan	VSP Member Services	(800) 877-7195	P.O. Box 997100 Sacramento, CA 95899-7100
Seagate Health Care Flexible Spending Account	HSA Bank	(844) 650-8953	P.O. Box 939 Sheboygan, WI 53082-0939

If you are covered under an insured health benefits program, your health insurance provider should provide you with a separate notice of privacy practices that describes the insurer's own privacy policies and procedures. Contact your insurance company for a copy of the most current notice.

Changes to the information in this notice

The Plan must abide by the terms of the privacy notice currently in effect. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the notice is changed.

If changes are made to the Plan's privacy policies described in this notice while you are covered by the Plan, you will be provided with a revised privacy notice by mail, and Seagate will post the revised notice on the HR Forms page, accessible from the HR Services tab of my.seagate.com. To obtain a paper copy of this notice, call HR Central toll-free at (877) 844-3333.

Keep the Plan informed of address changes

To protect your and your family's health information privacy rights, you should keep HR Central informed of any changes in your address and the addresses of your family members. If your health information has or may have been breached, the Plan will notify you at your address on record.

Complaints

IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED or that the Plan has not followed its legal obligations under HIPAA, you may file a written complaint with the Seagate Privacy Officer, 47488 Kato Road, Fremont, CA 94538, or with the Secretary of the Department of Health and Human Services. You won't be retaliated against by Seagate or the Plan for filing a complaint.

Practices Regarding Confidentiality

The Plan restricts access to health information about you to those who need the information to provide products or services to you. The Plan maintains physical, electronic, and procedural safeguards to comply with federal regulations to guard health information.

Seagate Contact Information

For more information on the Plan's privacy policies or your rights under HIPAA, contact:

Seagate US LLC
Seagate Privacy Officer
47488 Kato Road
Fremont, CA 94538
(510) 661-1000



2025 Medicare Creditable Coverage Notice

An Important Notice from Seagate US LLC about Medicare and Your Prescription Drug Coverage

The purpose of this notice is to advise you that the prescription drug coverage available under certain Seagate medical plans (listed in this notice) is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2025. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled during 2025 in a medical plan listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – if you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren’t currently covered by Medicare and won’t become covered by Medicare in the next 12 months, this notice doesn’t apply to you.

NOTICE OF CREDITABLE COVERAGE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Seagate and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Seagate has determined that the prescription drug coverage offered by Anthem (HDHP and PPO) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare Drug Plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you do decide to join a Medicare drug plan, your current Seagate coverage will not be affected. If Seagate pays primary to Medicare under the Medicare Secondary Payer rules, for example for active employees and spouses of active employees who are Medicare eligible due to age, a Medicare prescription drug plan will pay after Seagate prescription drug plan pays. You will not be disenrolled from the Seagate prescription drug plan if you enroll in a Medicare drug plan. However, you should be aware that Seagate will not reimburse you for any Medicare prescription drug premium that may apply if you join a Medicare drug plan.

Your current coverage pays for other health expenses in addition to prescription drug. Since your medical and prescription drug coverage are bundled, you cannot drop your prescription drug coverage without losing your medical coverage.

If you do decide to join a Medicare drug plan and voluntarily drop your current Seagate medical and prescription drug coverage, you and your dependents will be able to get this coverage back if you remain eligible, subject to mid-year enrollment rules (for example, following next year's annual enrollment or a qualifying life event).

When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your coverage with Seagate and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or Seagate prescription drug coverage...

Contact HR Central for further information toll free at 1-877-844-3333 for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, or if this coverage through Seagate changes. You also may request a copy at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. If Medicare eligible, you'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about your options under Medicare prescription drug coverage...

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the Web at www.socialsecurity.gov, or call them at **1-800-772-1213 (TTY 1-800-325-0778)**.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

October 2024

Seagate US LLC
US Benefits
47488 Kato Road
Fremont, CA 94538
(510) 661-1000



Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2024. You should contact your State for further information on eligibility:

Alabama – Medicaid	http://myalhipp.com/	1-855-692-5447
Alaska – Medicaid	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/medicaid/default.aspx	1-866-251-4861
Arkansas – Medicaid	http://myarhipp.com/	1-855-MyARHIPP (855-692-7447)
California – Medicaid	Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Email: hipp@dhcs.ca.gov	916-445-8322 (phone) 916-440-5676 (fax)
Colorado – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	Health First Colorado Website: https://www.healthfirstcolorado.com/ CHP+: https://hcpf.colorado.gov/child-health-plan-plus Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/	Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711 CHP+ Customer Service: 1-800-359-1991 / State Relay 711 HIBI Customer Service: 1-855-692-6442
Florida – Medicaid	https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html	1-877-357-3268

Georgia – Medicaid	HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra	678-564-1162, press 1 678-564-1162, press 2
Indiana – Medicaid	Health Insurance Premium Payment Program All other Medicaid: https://www.in.gov/medicaid Family and Social Services Administration http://www.in.gov/fssa/dfr/	Family and Social Services Administration 1-800-403-0864 Member Services Phone 1-800-457-4584
Iowa – Medicaid and CHIP (Hawki)	Medicaid Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid Hawki Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki HIPP Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp	Medicaid: 1-800-338-8366 Hawki: 1-800-257-8563 HIPP: 1-888-346-9562
Kansas – Medicaid	https://www.kancare.ks.gov/	1-800-792-4884 HIPP Phone: 1-800-967-4660
Kentucky – Medicaid	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	KI-HIPP 1-855-459-6328 KCHIP 1-877-524-4718
Louisiana – Medicaid	www.medicaid.la.gov or www.ldh.la.gov/lahipp	Medicaid hotline 1-888-342-6207 LaHIPP 1-855-618-5488
Maine – Medicaid	Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms	Medicaid 1-800-442-6003 TTY Maine relay 711 Private Health Insurance Premium Phone: -1-800-977-6740 TTY: Maine relay 711
Massachusetts – Medicaid & CHIP	https://www.mass.gov/masshealth/pa Email: masspremassistance@accenture.com	1-800-862-4840 TTY: 711
Minnesota – Medicaid	https://mn.gov/dhs/health-care-coverage/	1-800-657-3672
Missouri – Medicaid	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana – Medicaid	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP email: HSHIPPPProgram@mt.gov	1-800-694-3084
Nebraska – Medicaid	http://www.ACCESSNebraska.ne.gov	1-855-632-7633 Lincoln: 402- 473-7000 Omaha: 402-595-1178
Nevada – Medicaid	https://dhcfp.nv.gov	1-800-992-0900

New Hampshire – Medicaid	https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
New Jersey – Medicaid & CHIP	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ CHIP: http://www.njfamilycare.org/index.html	Medicaid: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP: 1-800-701-0710 (TTY: 711)
New York – Medicaid	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina – Medicaid	https://medicaid.ncdhhs.gov/	919-855-4100
North Dakota – Medicaid	https://www.hhs.nd.gov/healthcare	1-844-854-4825
Oklahoma – Medicaid & CHIP	http://www.insureoklahoma.org	1-888-365-3742
Oregon – Medicaid	http://healthcare.oregon.gov/Pages/index.aspx	1-800-699-9075
Pennsylvania – Medicaid and CHIP	HIPP Web site: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html CHIP Web site: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx	HIPP Phone: 1-800-692-7462 CHIP Phone: 1-800-986-KIDS (5437)
Rhode Island – Medicaid and CHIP	http://www.eohhs.ri.gov/	1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
South Carolina – Medicaid	https://www.scdhhs.gov	1-888-549-0820
South Dakota – Medicaid	http://dss.sd.gov	1-888-828-0059
Texas – Medicaid	https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program	1-800-440-0493
Utah – Medicaid & CHIP	Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	1-888-222-2542
Vermont – Medicaid	https://dvha.vermont.gov/members/medicaid/hipp-program	1-800-250-8427
Virginia – Medicaid & CHIP	https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs	Medicaid/CHIP: 1-800-432-5924
Washington – Medicaid	https://www.hca.wa.gov/	1-800-562-3022

West Virginia – Medicaid and CHIP	http://mywvhipp.com/ https://dhr.wv.gov/bms/	Medicaid phone: 304-558-1700 CHIP: 1-855-MyWVHIPP (1-855-699-8447)
Wisconsin – Medicaid & CHIP	https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	1-800-362-3002
Wyoming – Medicaid	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/	1-800-251-1269

To see if any more States have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Women's Health and Cancer Rights Act of 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the Seagate Welfare Plan. Your medical plan's evidence of coverage and/or benefits documents describe the deductibles and coinsurance that apply to your medical plan.

Newborns' and Mothers' Health Protection Act Notice

Federal law protects the benefit rights of mothers and newborns related to any hospital stay in connection with childbirth. In general, group health plans and health insurance issuers may not:

- Restrict benefits for the length of hospital stay for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).
- Require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay of up to 48 hours (or 96 hours).

For details on any state maternity laws that may apply to your medical plan, please refer to the benefits material for the medical plan in which you are enrolled.

For more information

If you would like more information on WHCRA and Newborns' and Mothers' benefits, contact Anthem at (844) 451-2076.



Special Enrollment Notice

If you decline enrollment in a health benefits program of the Seagate Welfare Plan (the Plan) for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In the case of a loss of coverage under Medicaid or a state children's health insurance program, however, you must request enrollment within 60 days after such coverage ends.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact HR Central toll-free at (877) 844-3333.



Notice of Coverage Options

Health Insurance Marketplace Coverage Options and Your Health Coverage

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins on November 1, 2024, and runs through December 15, 2024, for coverage starting as early as January 1, 2025.

Can I save money on my health insurance premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does employer health coverage affect eligibility for premium savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.12% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -- as well as your employee contribution to employer-offered coverage -- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How can I get more information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Here is some basic information about health coverage offered by Seagate:

- You are eligible to enroll in Seagate medical, dental, and vision coverage if you are a full-time, part-time, or intern employee of Seagate regularly scheduled to work at least 24 hours per week.
- Your family members ("dependents") may also be eligible for healthcare benefits. For the purposes of healthcare benefits, eligible dependents include: your spouse, your domestic partner, and your dependent children (until age 26).
- We consider the coverage we offer to meet the minimum value standard, and the cost of this coverage to you is intended to be affordable.
- Even though we intend your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

For more information about Seagate coverage:

- Consult the Summary Plan Descriptions for the Seagate health plans. To access the Summary Plan Descriptions, log on to **my.seagate.com**, click on the HR Services tab, then click on HR Policies (on the left side of the screen). Under the Benefits tab, click on Healthcare – links to the SPDs can be found under References on the right side of the screen.
- You may also call HR Central at toll-free (877) 844-3333.

Information about health coverage offered by Seagate:

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide certain information about your employer. The information below is numbered to correspond to the Marketplace application.

3. Employer name Seagate US LLC		4. Employer Identification Number (EIN) 77-0545987	
5. Employer address 47488 Kato Road		6. Employer phone number (510) 661-1000	
7. City Fremont	8. State CA	9. Zip code 94538	
10. Who can we contact about employee health coverage at this job? HR Central			
11. Phone number (877) 844-3333		12. Email address hr.central.americas@seagate.com	



Summary Annual Report For Seagate 401(k) Plan

This is a summary of the annual report Form 5500 Annual Return/Report of Employee Benefit Plan for Seagate 401(k) Plan, Employer Identification Number 77-0545987, Plan No. 001 for the period January 01, 2023, through December 31, 2023. The Form 5500 annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA). Your Plan is a Single-Employer defined contribution plan, which include the following characteristic(s) of 401(k), 401(m), Automatic Enrollment, Default Investment Account, ERISA Section 404 (c), Leased Employees, Member of Controlled Group, Participant-Directed, Profit-Sharing.

Basic Financial Statement

Benefits under the plan are provided through a trust fund. Plan expenses were \$330,031,386. These expenses included \$507,533 in administrative expenses and \$329,489,605 in benefits paid to participants and beneficiaries and \$34,248 in other expenses. A total of 7210 persons were participants in or beneficiaries of the plan at the end of the plan year.

The value of plan assets, after subtracting liabilities of the plan, was \$2,135,522,531, as of December 31, 2023, compared to \$1,992,370,582 as of January 01, 2023. During the plan year, the plan experienced an increase in its net assets of \$143,151,949. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$473,183,335, including employer contributions of \$12,435,392, employee contributions of \$57,079,613, other contributions of \$1,502,378, gains of \$0, from the sale of assets, and earnings from investments of \$402,165,952.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. financial information and information on payments to service providers;
2. information regarding any Common/Collective Trust, Pooled Separate Accounts, Master Trusts, or 103-12 Investment Entities;
3. an accountant's report;
4. assets held for investment;

To obtain a copy of the full annual report, or any part thereof, write or call Seagate U.S. LLC, 47488 Kato Rd , Fremont, CA 94538, 510-661-1000.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan at Seagate U.S. LLC, 47488 Kato Rd , Fremont, CA 94538, and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov.



Summary Annual Report For Seagate Welfare Plan

This is a summary of the annual report of the Seagate Welfare Plan (Employer Identification Number 77-0545987, Plan Number 510) for the plan year 01/01/2023 through 12/31/2023. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Seagate US LLC has committed itself to pay certain medical, dental, vision and temporary disability claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Prudential Insurance Company of America, Unum Life Insurance Company of America, Cigna Health and Life Insurance Company, Securian Life Insurance Company, Anthem Blue Cross Life and Health Insurance Company and National Union Fire Ins. Co. of Pittsburgh, PA to pay certain life, accidental death & dismemberment, medical, temporary disability, long-term disability, business travel accident, employee assistance program, accident, sickness and long term care claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2023 were \$4,213,146.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at 47488 Kato Road, Fremont, CA 94538 and phone number, 510-661-1000.

You also have the legally protected right to examine the annual report at the main office of the plan: 47488 Kato Road, Fremont, CA 94538, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.



Summary Annual Report For Seagate Group Short Term Disability Plan

This is a summary of the annual report for the Seagate Group Short-Term Disability Plan, (Employer Identification No. 77-0545987, Plan No. 520) for the period January 1, 2023, to December 31, 2023. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Seagate U.S. LLC has committed itself to pay the following types of claims incurred under the terms of the plan.

All Short Term Disability claims

The value of plan assets, after subtracting liabilities of the plan, was \$-197821 as of December 31, 2023, compare to \$114684 as of January 1, 2023. During the plan year the plan experienced a decrease in its net assets of \$312505. This decrease includes unrealized appreciation or depreciation in the value of the plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the plan had total income of \$417995. This income included employer contributions of \$268010, employee contributions of \$139595 and earnings from investments of \$10390. Plan expenses were \$730500. These expenses included \$730500 in benefits paid to participants and beneficiaries.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment; and
3. Transactions in excess of 5 percent of the plan assets.

To obtain a copy of the full annual report, or any part thereof, write or call the office of

SEAGATE U.S. LLC
47488 KATO ROAD
FREMONT, CA 94538
77-0545987 (Employer Identification Number)
510-661-1000

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

SEAGATE U.S. LLC
47488 KATO ROAD
FREMONT, CA 94538

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210.



Summary Annual Report *For Seagate U.S. LLC Reduction in Force Separation Pay Plan*

This is a summary of the annual report for the Seagate U.S. LLC Reduction in Force Separation Pay Plan, (Employer Identification No. 77-0545987, Plan No. 511) for the period January 1, 2023, to December 31, 2023. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Seagate U.S. LLC has committed itself to pay the following types of claims incurred under the terms of the plan.

All Separation Pay claims

The value of plan assets, after subtracting liabilities of the plan, was \$0 as of December 31, 2023, compare to \$0 as of January 1, 2023. During the plan year, the plan had total income of \$0.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. To obtain a copy of the full annual report, or any part thereof, write or call the office of

SEAGATE U.S. LLC
47488 Kato Road
Fremont, CA 94538
77-0545987 (Employer Identification Number)
510-661-1000

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

SEAGATE U.S. LLC
47488 Kato Road
Fremont, CA 94538

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210.